

A CONTACT-TRACING PROCEDURE*

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The increase in the number of new cases of gonorrhoea and the apparent expansion of the reservoir of carriers of the disease have directed attention to the need for reviewing contact-tracing techniques.

To obtain the opinions of others on this subject, a questionnaire was sent to the physicians-in-charge of 205 special treatment centres in England in April 1962. From the replies received, it was evident that, if the contact slip method had not been used or had failed to bring under medical examination the contact of a patient with an infectious venereal disease, there was a wide variety of opinion as to what further action, if any, should be taken. Writing to the venereologist of the area where the contact resides, notifying the medical officer of health, writing to or visiting the contact, getting in touch with the contact's general practitioner, enlisting the help of the police, or doing nothing further, were all mentioned. It seems reasonable to consider whether (if the standard contact slip method is a failure) a standard contact-tracing procedure, suitable for all cases, irrespective of the place of residence, age, or sex of the contact, or the venereal disease from which the patient is suffering, should be used.

In January 1948, the Ministry of Health sent a circular to local authorities, medical officers of health, and physicians-in-charge of special treatment centres entitled "Expiry of Defence Regulation 33B. Suggested Method of Continuing to trace Sources of (Venereal) Infection". The recommendations of this circular were adopted by the County Medical Officer of the West Riding Administrative County in 1948. They are the basis of a case-finding scheme which has been in operation in the West Riding for the past 14 years.

Procedure

In 1948, booklets of contact information forms, called Form One (revised), were sent to the physicians-in-charge of all the seventeen special treatment centres in the West Riding by the County Medical Officer of Health. The attached edge of each alternate sheet was perforated and carbon paper was provided in order that an exact copy of each completed form could be retained at V.D. clinics. Specially addressed envelopes marked "Strictly Confidential" were provided so that the envelopes would be opened only by the medical officer of health or his confidential secretary. Form One (revised) is still used regularly at a number of V.D. clinics in the West Riding. It is in two parts and is almost identical with Parts I and II of the contact information form shown in Appendix I. The words "Patient consents to the information being used for the purpose of approaching the person named in Part II" and "Patient expresses willingness that the person named in Part II may be told who has given this information" are in accordance with the recommendations of the Ministry of Health circular. In practice the patient's name is very rarely given and this part is usually left blank. Part II gives details about the contact. Completed forms have been sent from V.D. clinics not only to medical officers of health in the West Riding, but to their colleagues in other parts of the United Kingdom, Eire, France, Spain, Australia, etc.

In all cases, the use of Form One (revised) has depended on the following conditions being observed:

- (a) The contact slip method has not been used or has failed;
- (b) The patient suffering from venereal disease has

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been able to give some useful contact-tracing information about the contact;

- (c) The patient has consented to this information being used for the purpose of approaching the contact.

In the past 14 years the Medical Officer of Health of the West Riding Administrative County has received contact tracing information, mainly from six V.D. clinics, but also from other clinics in different parts of England and elsewhere. On receipt of such information the County Medical Officer of Health has arranged for one of his specially-trained V.D. social workers, who are all qualified health visitors, to try to locate the contact and to persuade him (or her) to attend a special treatment centre for examination. If the V.D. social worker finds the contact, she gives him a simple letter of introduction to the physician-in-charge of a special treatment centre. This letter includes the diagnosis of the patient in Ministry of Health code, and there is also a detachable portion at the foot of the letter so that the Medical Officer of Health can be informed, in confidence, that the contact has attended and been examined.

Results

The Table gives statistical details about the contacts notified to the Medical Officer of Health of the West Riding Administrative County from 1948 to 1961 inclusive and the case-finding results. Of 1,503 contacts notified, 1,414 (94 per cent.) were located and 1,248 (83 per cent.) were located and examined.

A minor disadvantage of Form One (revised) in its present layout, is that the venereologist does not always learn the result of the contact-tracing work. To rectify this, a suggested standard contact information form (see Appendix I and II, overleaf,

pp. 116 and 117) has been drafted. It is very similar to Form One (revised), except that there is a detachable portion at the foot of the form (Part III). It is intended that the latter should be completed by the Medical Officer of Health or his staff when the contact-tracing work is done, and returned to the V.D. clinic at which the patient described in Part I attended. The detachable slip will give the venereologist who dealt with the patient the following confidential details about the contact:

- (a) Located *or* Not located;
- (b) Examined at *or* Not examined;
- (c) Already under treatment *or* Brought under treatment.
- (d) Infected with *or* Not infected.

Advantages of This Procedure

It is surprising that many more Medical Officers of Health have not tried to introduce a similar scheme of contact-tracing in co-operation with the venereologists in their areas, especially as the Ministry of Health recommended it in 1948. The procedure is simple and works efficiently, and has the following advantages:

- (1) It brings under medical examination many contacts who would not attend if only the the contact slip method was used.
- (2) It helps to promote and maintain a useful liaison between the venereologist and the county or county borough Medical Officers of Health.
- (3) It leaves the venereologist free to get on with his main job of diagnosis and treatment, since the contact-tracing is done by the staff of the Medical Officer of Health.

TABLE

RESULTS IN 1,503 CONTACTS NOTIFIED TO THE M.O.H., WEST RIDING, 1948-61

Located and Examined ..	Not Infected ..											906	1,248
	Infected ..	{	Already under treatment ..	..	..	..	..	..	..	..	..	31	
			Brought under treatment ..	..	..	..	..	..	..	..	..	342	
										{	Syphilis ..	181	
											Gonorrhoea ..	105	
											Other Conditions* ..	25	
Located	Not Examined ..											..97	166
	Transferred to Other Authority ..	..	..	..	..	..	..	..	..	..	..	..69	
Not Located	Insufficient Information ..	..	..	..	..	..	..	..	..	..	..	..56	89
	Not Traced .. .. .	..	..	..	..	..	..	..	..	..	..	..33	
Total No. of Contacts Notified		..	..	..	..	..	..	..	..	..	..	..	1,503

* Not notified before 1958.

- (4) It makes the preparation of case-finding statistics by the Medical Officer of Health a relatively simple matter. These statistics can be made available to the venereologist.

If we could agree to send information about contacts on a standard form to the appropriate County or County Borough Medical Officers of Health (when the contact slip method fails) there is little doubt that we should have their co-operation and I believe that we should improve our case-finding results.

Summary

- (1) A contact-tracing procedure is described which has been in operation in the West Riding of Yorkshire, England, since 1948.
- (2) Statistical case-finding details of the contacts notified to the County Medical Officer of the

West Riding Administrative County from 1948 are given.

- (3) A standard Contact Information Form is advocated, which may be completed and sent (if the contact slip method fails) to the Medical Officer of Health of the County or County Borough in which the contact resides.

Procédé de dépistage des contacts

RÉSUMÉ

(1) On décrit un procédé de dépistage des contacts employé dans le West Riding, Yorkshire, Angleterre, depuis 1948.

(2) On cite les statistiques des cas de maladies vénériennes constatées parmi les contacts dont les noms furent soumis au chef de service sanitaire du West Riding depuis 1948.

(3) On suggère l'emploi d'une fiche spéciale pour les contacts à envoyer au chef de service sanitaire du comté ou de la ville où habite le contact.

APPENDIX I

FRONT OF SUGGESTED CONTACT INFORMATION FORM

STRICTLY CONFIDENTIAL	CONTACT TRACING REPORT	C.I. Form No.....
PART I (The Patient)		
PARTICULARS OF PATIENT SUFFERING FROM VENEREAL DISEASE		
Reference No.....	Disease.....	
Patient consents to the information being used for the purpose of approaching the person named in Part II.....		
Further particulars of patient (to be completed only with the patient's consent).		
Full Name.....	Age.....	
Address		
Patient expresses willingness that the person named in Part II may be told who has given this information.....		
PART II (The Contact)		
PARTICULARS OF SUSPECTED CASE OF VENEREAL DISEASE		
Name (if known).....	Age.....	
Address (if known).....		
Other identifying particulars and remarks.....		
.....		
From: Name in block letters.....	Signature.....	
Address of Special Treatment Centre.....		
.....		Date.....

<i>Detach along dotted line</i>		
STRICTLY CONFIDENTIAL	PART III	CONTACT TRACING REPORT
To the Physician-in-Charge		
Address of Special Treatment Centre.....		
Patient's Ref. No.....	C.I. Form No.....	
From.....	Medical Officer of Health.	
.....		Date.....
<i>Please turn overleaf</i>		

APPENDIX II

REVERSE SIDE OF SUGGESTED CONTACT INFORMATION FORM

All information given by patients as to the suspected source of infection will be treated as strictly confidential.

No proceedings for libel or slander will lie against any patient with regard to information so given in good faith.

This notice should be sent to the Medical Officer of Health of the County or County Borough in which the person described in Part II resides. The envelope in which it is sent must be marked "Strictly Confidential".

After completion or abandonment of the contact tracing will the Medical Officer of Health (or his Staff) please complete both sides of Part III. The latter should be detached and returned to the Physician in charge of the issuing Clinic.

PART III (Copy of Contact Tracing Report)

The person (contact) described in Part II was:

- (a) Located _____
Not located
- (b) Examined at _____
Not examined
- (c) Already under treatment _____
Brought under treatment
- (d) Infected with _____
Not infected

Detach along dotted line

Please complete and return Part III to the Physician-in-Charge of the Special Treatment Centre at the address overleaf.

STRICTLY CONFIDENTIAL PART III (Continued from overleaf) CONTACT TRACING REPORT

The person (contact) described in Part II was:

- (a) Located _____
Not located
- (b) Examined at _____
Not examined
- (c) Already under treatment _____
Brought under treatment
- (d) Infected with _____
Not infected